

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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City or Town Clerk or Election Commission Please-print or type all information, except signatures. Fill in dates: Reporting Period Beginning Ending TOWN OF SAUGUS, MASS. Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐year-end report □dissolution Full Name of Candidate (if applicable) Committee Name つも くとくてけれんき Office Sought and District Name of Committee Treasurer 666 Residential Address Committee Mailing Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) 900. Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) 200. Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) 0 Line 8: Name of bank(s) used MORTH SHORE. Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink) Date

FOR CAMPIDATE PILLINGS ONLY: (CAMPIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
$\Box$ Candidate without Committee <u>OR</u> Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in kind contributions and liabilities for this reporting period and represents the
campaign/finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: 1/17/16
Candidate signature (in ink)

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all recei over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need o itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons w contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a p

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
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				TOWN OF SAU
				RECEIVED  2016 JAN 19 A 10 30  TOWN CLERK'S OFFICE TOWN OF SAUJUS, MASS.
				A ID
				SS.
	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			
Line 11: T	OTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemiz Page 2 above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting perio Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$5 Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a pa

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	A I	noun
9/25	COMMITTEE TO ELECT PAUL ALLAN COMMITTEE TO RE-ELECT		CAMPAIGN CONT.	50	00
11/23	COMMITTER TO RE-ELECT REP DONALD WONG		CAMPAIGN CONT.	50	0
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			2016 TOWN TOWN	Į.	
	·		2016 JAN 19 A 10: 30 TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	R	
	·		A I	S S	
	·		NASS.	J	
·				•	
			,		
		·			
			Expenditures over \$50	-	
			Expenditures \$50 and under*	100	00
Ei	nter on page 1, line 4	Line 14:3	TOTAL EXPENDITURES	100	00

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		·	· · · · · · · · · · · · · · · · · · ·	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
]	Enter on page 1, line 6	Line 17: '	Total In-kind	

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

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Date Incurred	To Whom Due	Address	Pirpose	7 Amount
			/	
				. •
: wystersterstersterster	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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